



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Attorney Docket No. 37794-0032

In re patent application of:
Peter K. Law

Confirmation No.: 5167

Serial No.: 09/986,344

Art Unit: 1632

Filed: November 18, 2001

Examiner: Ram R. Shukla

For: MYOBLAST TRANSFER THERAPY FOR RELIEVING PAIN AND FOR
TREATING BEHAVIORAL AND PERCEPTIVE ABNORMALITIES

RESPONSE TO RESTRICTION REQUIREMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed December 17, 2003), applicant hereby elects with traverse Group I, claims 35-51, drawn to a method of in vivo delivery of a peptide that binds to opiod receptor to a patient, classifiable in class 424, subclass 93.1. Applicant also Petition for a two-month Extension of Time and provide the requisite fees herewith. While applicant believe that the correct payment for the extension of time fee is attached, the Commissioner is authorized to credit any overpayment or charge any deficiency to Deposit Account No. 08-1641.

Applicant, of course, reserve the right to file one or more divisional applications covering the subject matter of the non-elected claims. It is respectfully submitted that the application is in condition for examination, and an early action on the merits is courteously requested.

Respectfully submitted,

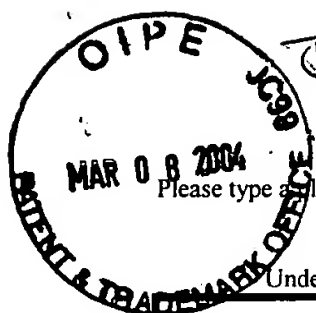
Date: 3/8/04

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PTO/SB/21 (6-99)

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/986,344	
	Filing Date	November 18, 2001	
	First Named Inventor	Peter K. Law	
	Group/Art Unit	1632	
	Examiner Name	Ram R. Shukla	
Total Number of Pages in This Submission		Attorney Docket Number	37794-0032

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Version with Markings Showing Changes <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): stamped return postcard
Remarks		
AUTHORIZATION TO CHARGE DEPOSIT ACCOUNT 08-1641 FOR ANY FEES DUE IN CONNECTION WITH THIS PAPER.		

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT			
Firm or Individual name	Marvin A. Motsenbocker, Reg. No. 36,614, HELLER EHRMAN WHITE & McAULIFFE LLP		
Signature			
Date	3/8/04	Customer Number:	26633

CERTIFICATE OF EXPRESS MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated below and addressed to: Mail Stop ___, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 20231, on this date:			
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